

410 IAC 1-2.5-105 Hepatitis, viral, type B and type D; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-7; IC 16-41-9

Sec. 105. The specific control measures for hepatitis, viral, type B (infectious agent: hepatitis B virus) and type D (infectious agent: delta hepatitis, occurs only in individuals with acute or chronic hepatitis B virus infection) are as follows:

(1) An investigation and case management duties are assigned as follows:

(A) An investigation and case management of infants born to HBsAg (+) pregnant women shall:

(i) begin immediately (when infection is identified at or close to the time of birth); and

(ii) be performed by a department representative in cooperation with the local health officer; for the purpose of ensuring that infants receive hepatitis B immune globulin and the complete HBV vaccine series.

(B) The local health officer shall perform investigation and case management of all others within seventy-two (72) hours, including household and sexual contacts of HBsAg (+) pregnant women. Investigators shall identify a complete list of contacts. Contacts are defined as sexual partners, household members, individuals with whom needles have been shared, and others who have been exposed to infectious body fluids. In addition, the investigation shall focus on a history of the following:

(i) Surgery.

(ii) Transfusion or other blood product exposures.

(iii) Hemodialysis.

(iv) Employment as a health care worker.

(v) Other contacts with blood or other potentially infectious materials during the incubation period.

When two (2) or more cases occur in association with some common exposure, a search for additional cases shall be conducted. If transfused blood or blood products is implicated in transmission, the lot shall be withdrawn from use and reasonable steps taken to ensure that no further donations from the infected donor are utilized.

(C) Hepatitis B immunization history shall be obtained on all cases of hepatitis B.

(2) Standard precautions for hospitalized patients and universal precautions for others where exposure to blood or other potentially infectious materials, or both, is a possibility. Infected persons shall not engage in sexual activities involving the exchange of body fluids without first informing their partner of their disease status. Restrictions on sexual activities shall be removed when the previously infected person is serologically confirmed to be noninfectious. The infected persons shall not:

(A) share needles or syringes with other persons without first notifying those persons of their disease status;

(B) donate blood, plasma, or organs for transplantation; or

(C) donate semen for artificial insemination.

(3) Equipment contaminated with blood or other potentially infectious body fluids, or both, shall be appropriately disinfected or, when required, sterilized prior to reuse.

(4) Quarantine is not required.

(5) Protection/immunization of contacts shall be accomplished as follows:

(A) Infants of HBsAg (+) pregnant women shall be given the appropriate intramuscular injection (IM) of HBIG and of hepatitis B vaccine within twelve (12) hours of birth unless medically contraindicated. Additional doses of vaccine should be given at one (1) month and six (6) months of age. Infants should be tested for anti-HBs and HBsAg one (1) to three (3) months after completing the vaccine series.

(B) Potentially susceptible sexual partners should be tested for HBsAg, anti-HBs, and anti-HBc. If negative, they should be given the appropriate dosage of HBIG IM and the first dose of hepatitis B vaccine IM within fourteen (14) days of the last sexual contact. Sexual contacts should complete the hepatitis B immunization series.

(C) If the index case is the mother or primary care provider of a susceptible infant, the infant should receive the appropriate dosage of HBIG and hepatitis B vaccine according to vaccine manufacturer's directions.

(D) Other susceptible household contacts of the index case should:

(i) receive the appropriate dosage of HBIG IM; and

(ii) initiate and complete the hepatitis B vaccine;

if they have had identifiable blood exposures to the index case, such as sharing toothbrushes or razors.

(E) If the index case becomes a hepatitis B carrier, all household contacts should complete the hepatitis B vaccine series.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition for hepatitis B. The case definition for hepatitis D is established by the department.

*(Indiana State Department of Health; 410 IAC 1-2.5-105; effective Dec 25 , 2015)*